



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/637,821	
	Filing Date	8/11/2000	
	First Named Inventor	Keith O. Johnson	
	Group Art Unit	2644	
	Examiner Name	JUSTIN I MICHALSKI	
Total Number of Pages in This Submission	29	Attorney Docket Number	MS1.0846US
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Terminal Disclaimer	Interview Summary (2 pages)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s)		
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	William J. Breen, III/Reg. No. 45313		
Signature			
Date	7/27/05		
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Rebekah Glass		
Signature		Date	7/27/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/637,821
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Filing Date	8/11/2000
		First Named Inventor	Keith O. Johnson
		Examiner Name	JUSTIN I MICHALSKI
		Art Unit	2644
		Attorney Docket No.	MS1 0846US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x 50 = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45313	Telephone	(509) 324-9256
Name (Print/Type)	William J. Breen, III	Date	7/27/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.09/637,821
Filing Date August 11, 2000
Inventorship Johnson
Applicant Pacific Microsonics
Group Art Unit 2644
Examiner Michalski, Justin I.
Attorney's Docket No. PACIF-55288
Title: Compensation System and Method for Sound Reproduction

INTERVIEW SUMMARY

RECEIVED
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To: Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313

JUL 27 2005

From: William J. Breen III (Tel. 509-324-9256; Fax 509-323-8979)
Lee & Hayes, PLLC
421 W. Riverside Avenue, Suite 500
Spokane, WA 99201

A telephonic interview occurred on July 27th, 2005 between Examiner Justin Michalski and the undersigned attorney. During this Interview, agreement was reached regarding the §112, paragraph 1 rejection of claims 13 and 37 that the feature of simulating the enclosure may be found in the specification. Therefore, withdrawal of this rejection and the rejection of the respective dependent claims is expected.

During this Interview, provisional agreement was also reached regarding claim 55 and the feature of replacement of speaker components and filters. The Examiner agreed to look further at the specification, specifically at pages 2-3 and 12-14, but provisionally agreed that it appeared that support for the recited features may be found in this section. Therefore, it is expected that the rejection of claim 55 and its respective dependent claims will be withdrawn.

Accordingly, Applicant requests an indication of Allowability be issued forthwith for claims 13-28, 37-44 and 55-63. If the Office's next anticipated action does not include such an indication, Applicant respectfully requests a telephone call for the purpose of scheduling an interview.

Respectfully Submitted,

Dated: July 27th, 2005

By:

William J. Breen III
Reg. No. 45,313
(509) 324-9256 x249

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE JUL 27 2005

Application Serial No.09/637,821
Filing DateAugust 11, 2000
InventorshipJohnson
ApplicantPacific Microsonics
Group Art Unit2644
ExaminerMichalski, Justin I.
Attorney's Docket No.PACIF-55288
Title: Compensation System and Method for Sound Reproduction

RESPONSE TO THE FINAL OFFICE ACTION
DATED JUNE 16, 2005

To: Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313

From: William J. Breen III (Tel. 509-324-9256; Fax 509-323-8979)
Lee & Hayes, PLLC
421 W. Riverside Avenue, Suite 500
Spokane, WA 99201

This communication is in response to the Office Action dated June 16, 2005. The three-month shortened statutory period for response to the Office Action is set for September 16, 2005.

A Claim Listing begins at page 2 of this paper.

Remarks begin at page 15 of this paper.